



**DEPARTMENT OF THE ARMY**  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT DRUM, NEW YORK 13602-5004

REPLY TO  
ATTENTION OF

MCID-PI

7 May 2004

**MEMORANDUM FOR RECORD**

**SUBJECT:** After Action Report for April 2004 Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Survey of the U.S. Army Medical Department Activity, Fort Drum, NY

1. This memorandum presents an overview of the April 7-9, 2004, U.S. Army Medical Department Activity (MEDDAC), Fort Drum, New York survey experience. Presented is a summary of the major components of the survey and a representation of the process and questions posed. The MEDDAC was surveyed simultaneously for accreditation under the ambulatory care and behavioral health accreditation manuals.
2. The Fort Drum beneficiary population consists of approximately 30,000 active duty and dependent family members distributed across a fifty mile radius from the post. The MEDDAC is business occupancy ambulatory care facility with an average of 18,000 encounters per month and a staff of nearly 500 military and civilian personnel. The clinic provides no ambulatory surgery services, though we do provide an average of 60 minor surgical procedures per month. Inpatient services are primarily provided by two private hospitals in the local area.
3. The survey consisted of three ambulatory and two behavioral health survey days. There were two ambulatory surveyors, a clinician (anesthesiologist) and an administrator (retired U.S. Army Medical Service Corps Officer). Our behavioral health program was surveyed by a third surveyor; a psychiatric clinical nurse specialist.
4. Two weeks prior to our survey date the Priority Focus Areas (PFA) for the survey were posted on the Joint Commission's extranet site. The report listed five PFAs, which included information management, communication, staffing, assessment and care services, and orientation and training. Also identified in this report were fourteen clinical service groups applicable to the services provided at this MEDDAC.
5. To present an overview of the survey process, a brief description of those who attended each session, the general discussions held, and points of interest are presented below for each survey activity identified on our survey schedule. The enclosure to this memorandum contains examples of the questions asked during the individual tracer activities and scheduled survey sessions.

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a. **Opening Conference and Orientation to the Organization.** This combined session lasted approximately one hour. Attendees included all surveyors, the Command Staff, and the Chief, Performance Improvement. After a brief introduction of all participants, the lead surveyor spoke about the new survey process. The orientation to the organization was made by the Commander using a short 26 slide presentation. After the presentation, the surveyors asked points of clarification and the session concluded.

b. **Surveyor Planning Session.** The surveyors were individually provided with a list of patient appointments for that day. This list was pulled that morning from CHCS to include appointed clinic, patient name, date of birth, and reason for visit. A new list was generated each morning and presented to the surveyors. At this point, the environment of care (EOC) management plans and a collection of 12 months of EOC minutes were left with the surveyors. The ambulatory surveyors remained secluded in their office to plan the day's activities. The behavioral health surveyor oriented herself to the behavioral health clinic (located in a separate facility) through discussions with the behavioral health staff.

c. **Individual Tracer Activity.** The individual patient tracers were selected by the surveyors from the lists provided. There was no great surprise in the patients selected. Those selected were complex complaints or follow-up visits for referred care. Each surveyor was accompanied by a scribe, a runner, and a Deputy Commander. The surveyors began the tracer at the point at which the patient presented for care. Our clerical staff was approached and questioned with each patient tracer. We identified the importance of appropriate appointment complaint notes when appointments are being scheduled (i.e. routine appointment scheduled for a patient complaining of chest pain – nothing in the appointment system differentiating between cardiac chest pain and exercise induced chest wall pain). Surveyors were eager to speak with healthcare providers and staff who directly provided care to the patients. They did not however, directly observe any provider-patient examinations or procedures as anticipated. The surveyors did not follow a predictable path through the clinic. This new tracer process did create some difficulties and interruptions of care. In the new process, there is no advanced notice of the time of the surveyor's arrival in a clinical area; nor can you expect only one visit during that day. This led to several instances where providers were abruptly pulled away from care – adding to staff anxiety and minor scheduling delays. Descriptions and comments of the individual tracer activity are provided in the enclosed.

d. **System Tracer: Data Use.** This session focused more on our performance improvement processes than expected. There was no apparent expectation to present data, but to discuss what data we do collect and what we do with the information pulled from the data. They were interested in our use of patient surveys, employee feedback mechanisms, and our risk management/patient safety data collection. We selected the

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following to participate in this session: Deputy Commander for Administration; Deputy Commander for Patient Services; Chiefs from Performance Improvement, Resource Management, and Information Management; and select individuals from data quality assurance and our Privacy Officer. In retrospect, it would have been beneficial to have the Senior Medical Non-Commissioned Officer in attendance to answer surveyor questions relative to our enlisted population.

e. **System Tracer: Medication Management.** The clinical administrator facilitated this discussion on the second day of the survey after having toured our pharmacy and discussing our recently updated dispensing processes. Assigned to participate in this session were the Deputy Commanders for Clinical and Patient Services; Chief, Pharmacy Services; Chief, Family Practice; and the Pharmacy NCOIC. Discussion covered issues of formulary development, use of sample medications, dispensing of controlled substances, and our medication related error reporting systems and its link to performance improvement processes.

f. **Environment of Care Session.** The administrative surveyor was provided the seven management plans and the previous twelve months of Environment of Care committee minutes early in the survey process. This session was attended by our Deputy Commanders for Administration and Patient Services; the Chiefs of, Logistics, Facility Management, and Plans, Training, Mobilization, and Security. Also in attendance were the Environment of Care Coordinator, Patient Safety Manager, Environmental Services Officer, Safety Officer, and Security Manager. The Surveyor asked general questions regarding our prospective measures taken to prevent system failures. The expected discussion regarding the risk management cycle and a detailed look into that process was not done. After the 30-40 minutes of questions and answers, the surveyor asked to be given a tour of our regulated waste handling process with the Facility Manager and our Environmental Services Officer.

g. **Behavioral Health Care Interim Exit Conference.** This meeting was attended by the Commander, the command staff, the Chiefs of the Behavioral Health Division, Mental Health Services, Social Work Services, and Performance Improvement. Also in attendance were our Behavioral Health Care Nurse Coordinator, the Behavioral Health surveyor, and the survey team leader (clinical surveyor). The surveyor commented positively on our services and the competency of the behavioral health staff. She presented areas for improvement and provided an opportunity for all in attendance to discuss her findings. At the conclusion of the complete survey, the results of the Behavioral Health survey were incorporated into the comprehensive and final survey report.

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h. **Special Issues Resolution.** There was no specific activity during this scheduled time of the survey. It provided a scheduling cushion for the surveyors as well a short period for them to collect their thoughts from the day's activities.

i. **Leadership Session.** This session, held on the final survey day, was attended by the Command Staff, the Chief, Performance Improvement, and the clinical and administrative surveyors. This session provided the surveyors time to ask the leadership questions relative to issues identified in the previous two days of tracer activity. As expected, questions were also asked relative to the general intent of the Leadership chapter of the accreditation manual. A significant question was posed as to how the leadership evaluated their productivity and effectiveness. There was little if any discussion regarding formal performance improvement processes.

j. **System Tracer: Infection Control.** This session was also held on the final day of the survey and provided opportunities to discuss issues identified during the previous days' tracer activity. The infection control session was attended by the Deputies of Clinical Services and Patient Services; Chief, Preventive Medicine; the Infection Control Officer; Patient Safety Manager; epidemiology nurse; Chief, Pharmacy Services; and Chief, Laboratory Services. The system-oriented questions related to our data collection and resulting actions in response to that data; and how we would investigate a sentinel event suspected of being caused by a nosocomial infection.

k. **Competence Assessment Process.** This session was lead by the clinical surveyor. The day prior, we were provided with a list of 10 personnel for whom the surveyor wanted to see competency folders. The list consisted of healthcare providers, nurses, and receptionists of whom were contractors, civilians, and military. The session was attended by all three deputies, the credentials coordinator, human resources staff, and personnel responsible for organizational orientation. The surveyor briefly reviewed several but not all of the competency and provider credentials records that were requested. During his brief review of the folders, questions were asked about our credentialing and privileging processes. The majority of the questions centered upon staff's initial and ongoing competency assessment processes. Several questions were posed on the privileging process for providers as well as a question regarding prime source verification for nursing staff.

l. **Exit Briefing/Conference.** A private exit conference was held among the surveyors and the MEDDAC Commander. At this meeting, the Commander was presented with the preliminary findings of the accreditation survey. After being given the formal results, the Commander elected to have the surveyors present the results of the survey to an audience of the MEDDAC staff. At this presentation, the lead surveyor discussed the new Shared

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Visions-New Pathways process and spoke briefly to the benefits of being accredited by the Joint Commission. He spoke about the great quality of care and professional services being rendered to our patients. He presented the findings that were identified by the behavioral health surveyor and those that had been identified by the ambulatory surveyors. After his brief comments regarding the findings, he presented the next steps in the new accreditation process.

6. The survey findings, or requirements for improvement, that this MEDDAC received, were all relative to the PFAs identified. Overall the survey process was well received and provided an objective and comprehensive look at the MEDDAC's services.


a. In our sick-call process, a tracer revealed that a patient was assessed by a provider and deferred to a scheduled appointment without any documentation of the assessment encounter.

b. Staff orientation and training weaknesses were identified in our new chiropractic service line, where new staff (just over 30 days) were not fully aware of infection control procedures. Also identified were weaknesses in our minor surgical instrument pre-sterilization process. The surveyor noted that it should be possible to track a sterilized minor surgical procedure instrument to the patient upon whom it was used.

c. Upon review of our mental health treatment records, it was determined that the existing treatment plan documentation was not sufficiently comprehensive. The plan should include greater use of time lines and more specific objectives. Also, in the surveyor's treatment record review, two records were noted to have a lack of documentation of further assessment and follow-up of patients' identified weight changes.

6. The point of contact for this memorandum is the undersigned at (315) 772-7817 or by email at [paul.crews@na.amedd.army.mil](mailto:paul.crews@na.amedd.army.mil).

Encl

Signature Authenticated by Approval   
Approved by: Paul S. Crews,  
on: Friday, 07 May, 2004 at 11:24:05

PAUL S. CREWS, M.P.H.  
Chief, Performance Improvement

**U.S. Army Medical Department Activity  
Fort Drum, New York**

**2004 Joint Commission Survey Process Notes**

*These notes represent those taken by the scribes assigned to each surveyor.*

**SURVEY DAY ONE**

**PATIENT TRACER (Administrator)**

Chiropractic Clinic

- Chiropractic Technician was asked questions on the patient, where records were kept, the equipment she uses, and the over all process.
- The surveyor asked the technician if she was allowed to do documentation on the SF600.
- He asked about the technician receiving a competence assessment in the use of equipment.
- Questions were asked about the cleaning solution she used for the chiropractic table.
- He finished his interview by questioning her on her suggestions for improvement.
- The surveyor went to the originating point of service (Aviation Troop Medical Clinic) for the chiropractic referral.
- The surveyor spoke with the referring provider to clarify the communication process between the two services.
- While at the Aviation Troop Medical Clinic to speak to the referring provider, the surveyor checked the crash cart and quizzed the clinic NCOIC about inventory procedures.

**PATIENT TRACER (Administrator)**

Conner Troop Medical Clinic (CTMC) Patients:

- The Surveyor assessed the sick call process at the CTMC.
- Asked the question, how clerks know what the difference between acute and routine appointments.

- Chief of the CTMC was questioned regarding suggestions for improvement.
- The surveyor asked how they document that they brief the patient on the care they are receiving (patient education), being told what is wrong with them, and what they can do to help their problem.

## **PATIENT (Mr. M.) TRACER (Clinician)**

### Family Practice Clinic

- Interviewed the clinic clerk -
  - Asked about pt status (retiree, AD)
  - What is the check-in process (double check identity, print 600, etc)
  - Asked about patient confidentiality, how records are placed in provider box
  - Questioned whether someone is always at front desk so records are not unattended
  - Had Clerk explain what she could see on the CHCS screen (looked at DEERS, registration page, menu)
  - “Can you tell anything about their medical c/o or dx?”
- Looked at record holding area (where records placed while pt waits for provider)
- Talked to nurse who had worked with Mr. M
  - “What is done in the hall with the patient?”
  - Confirmed that identity is double checked
  - Had Debbie explain screening procedures
- Looked over patient screening area and continued questions there...
  - Nurse explained double checking dx with what is in chart
  - “Do you normally measure height?” (answer: No)
  - Questioned how pain is assessed and what do you do if pt has a c/o pain
  - Asked where pain scale was located (on wall) and how to use it for kids
  - “What if a child couldn’t use this?”
  - Had Debbie explain diabetic procedures, routine labs done in lab, not FPC
  - Asked about Mr. M’s new meds
  - “What happens when you finish with a pt?”
  - “What infection control measures do you use after you see the pt?”
- Toured the Family Practice Clinic layout with the Deputy Commander for Clinical Services
  - “What CPG’s do you use?”

- The surveyor spoke with physician who had seen the traced patient
  - “Had you seen this patient before?”
  - Asked about patient medications and refills
  - “Did you order blood sugars on him?”
  - Questioned how pt is checked if pt self-monitors
- Discussed CHCS system medication order entry, telephone-consults, and use of ICDB
  - Showed Mr. M's labs, meds on CHCS
  - Discussion of prescriptions that are not on formulary
  - “What happens if a dosage or medication is entered incorrectly?”

### **TOURED PHARMACY OPERATIONS (CLINICIAN)**

- Spoke to pharmacist about ticket process for filling medications
  - “What was the process when patient presented with prescription?”
  - “Why would someone need to know who filled prescription?”
  - Discussion of patient education handouts given with medications
  - “How frequently do barcodes (used to ID who filled prescription) expire?”
  - “What happens if there is an error in dosage?”
  - Discussion of pharmacy checks and balances, communication with providers
  - “What if electrical systems malfunction?”
  - Discussion of daily maintenance, double counts for narcotics
- Spoke with NCOIC and Pharmacy Chief
  - Showed what happens if wrong medication is scanned for patient
  - Showed what medications look like on pharmacist screen, how to scan off-post prescriptions
  - “Do you check every prescription?”
  - Discussion of pharmacist station and every med double-checked there
- Spoke with a pharmacy technician at the dispensing counter
  - Discussed patients asking questions and double-checking their own medications
  - Reconfirmed what to do if prescription entered wrong
- Final discussion with first interviewed pharmacist about wrong medication entries
  - The Chief of the Pharmacy gave example of fixing medications entered incorrectly

### **PATIENT (Ms. A.) TRACER (Clinician)**

#### **Obstetrics**

- Spoke to reception clerks about where the patient went after she checked in
  - “What do you do when pt checks in?”
  - Explanation of check in procedures and record placement
  - Asked about living wills, DNRs, staff identified nurse as POC for this info

"What do you do if a pt comes in who is a potential victim of abuse?"  
"Do you have any training on identifying these pts?"  
"What would you look for in these pts?"

-Spoke to OB/GYN provider, who was scheduled to perform procedure on Ms. A  
"What procedure are you doing today?"  
"What is your background?"  
"What are the likely complications?"  
"Where could you refer this patient?"  
How quickly do you hear back if pt is referred?"

## **PATIENT TRACER (Clinician)**

### Dermatology Clinic

-Looked at fire extinguisher

-Spoke to nurse who screened patient  
Explanation of screening procedures (allergies, meds, etc)  
Double-checking of identity explained  
"How do you identify location of procedure?"  
Explanation of skin marking, patient's use of mirror to ID site, etc  
Asked again about pt who has living will, DNR order  
Identified location of patient representative for resources on DNR, etc  
Discussion of chaperone/assistant always present for procedure  
"Who does instrument cleaning?"

-Followed nurse through instrument cleaning procedure  
"How did you know that equipment was sterile before use?"  
Observed cleaning of instruments  
Asked about use of orthozyme cleaner, location of MSDS sheet referenced  
Asked if we could trace which set of equipment was used on which patient in case of infection?"  
Looked in medical waste container, suggested cost analysis if large amount of medical waste not produced

### Returned to Previous Tracer

Return to Obstetrics to follow tracer pt Ms. A

-Spoke with nurse who identified that the patient had decided against procedure  
"Asked how patient was informed of her options?"

## **BEHAVIORAL HEALTH**

- General orientation to the Behavioral Health Department
  - Do you give meds here?
  - Is there Partial Hospitalization here?
  - How does exchange of information with units coordinate with recommending separation, etc.?
  - How does the Service Member find out about Limits of Confidentiality?
  - Do you have a Detox program?
  - Describe three ASAP levels?
  - How do you manage transport for Detox?
  - Do you administer meds?
  - Can you take vitals on transport?
  - How does exchange of information work to determine if an SM in ASAP is fit for duty?
  - What does your substance abuse program consist of?
  - Is there an intake department?
  - Is there an Alcoholic Anonymous on site?
  - What is the length of treatment for Substance Abuse?
  - If they are in a group is there a primary therapist?
  - What kind of staffing do you have at ASAP?
  - What kind of education do you need?
  - What is the initial and ongoing training for staff?
  - How many were able to go?
  - Is the person running the intake the person running the ASAP group?
- Surveyor wanted a tracer that was a child case because it's more unusual. Begin by talking to staff/reviewing record then wanted to interview patient in the afternoon.
- Meeting with tracer patient's providers:
  - How does it work when pts are seen in ASAP and Psychiatry?
  - Who determines what type of health screening and follow-up labs pts. receive?
  - Does psychiatrist do physical evaluation?
  - How does primary doctor know about labs
  - Where is his pain documented in the treatment plan?
  - What about nutritional assessment and the referral criteria?
  - Can anyone get stress management?
  - Do civilian get the same in-services as military?
  - Which of the national Patient safety Goals have you worked on?
  - Does psychiatrist have order entry checks?
  - Do you have a list of approved/non-approved abbreviations?
  - What if prescription is off the formulary?
  - How long would this take?
  - What about sound/look alike drugs?

Do you say the reason for the prescription?  
Do primary care manager ever prescribe antidepressants?

- Individual meeting with a contract psychologist who is treating a child

You are privileged to work with children?  
How does a child get referred here?  
How was she sent to see you here?  
What is the family piece/family involvement in treatment?  
What is the plan for her?  
Does she get medical care here?  
Is there any communication with primary care manager (PCM)?  
How will you know when to contact PCM?  
Does PCM know about her being treated here?  
What is the philosophy on the expected time frame for treatment?  
Do you make a specific determination on criteria for discharge?

- Chart Review

If they say, "yes" to pain what do you do?  
What do you do in this case?  
Do you document this?  
The patient had lost 10 pounds. What are the criteria for nutritional referral?  
Is there an actual screen you use like a scale?  
What is available as far as involving family with treatment?  
Where are your discharge objectives?  
Tell me about your spiritual assessment.  
Where are medical issues in treatment plan?

-Interview with substance abuse patient

*(Responses to question have been removed for privacy purposes)*

When did you start coming here to the clinic?  
How were you referred here?  
What happened; how did you get started?  
Has it worked out how they explained?  
No surprises for you?  
What happens in programs/group?  
How large is group?  
What specifically have you found helpful?  
What medications are you on again?  
Have you increased your dose?  
What information did you get [relative to your medication]?  
Where do you get your medical care?  
Would your primary care provider know about your medications?

When you came here had some pain. How did they handle it here?  
Was the PA aware of your labs and that you are getting treatment here?  
Are there services for your family here?  
Would the provider see you with your wife?  
You were referred for stress management?  
How did that go? .  
Are you at the end of your program?  
What is suggested for aftercare? Straight abstinence?  
What will help you stay away from it?  
What else should I know?  
Does treatment end abruptly or gradually?  
Is there a patient satisfaction survey at the end?

## **DAY TWO**

### **SYSTEM TRACER DATA USE: (Administrator)**

- Surveyors hit on performance improvement a lot. Key items they hit were,  
How do you notify the public of changes within the clinics?  
What types of surveys do we conduct?  
How do we collect data for near misses and unusual occurrences?  
How do employee satisfaction surveys compare to patient complaints  
Are we satisfied that we are HIPPA compliant?  
Do we check for areas of risk avoidance?  
How do we pass information on to the soldiers (E1-E4)?

### **Patient TRACER (Administrator)**

#### **Physical Therapy**

- The patient interviewed was very pleased with the care he had received and the patient did nothing but praise physical therapy
- The surveyor noticed that pain was not charted on one of the visits to PT. He then asked the Physical Therapist if the staff looks back at the data on the chart in regards to pain and does she use that to judge the patients progress.
- The surveyor made a comment about an entry in the patient's medical record that stated that medication was reviewed but did not state what medication.
- The surveyor was interested in knowing if the primary care manager was aware of the patient's progress.

-He also asked if physical therapy ever saw mental health issues with their patients. The surveyor wanted to make sure a patient's care is followed through from every angle and that there are no gaps in communication.

### **MEDICATION MANAGEMENT SESSION: (CLINICIAN)**

- How is your formulary chosen?
- How are medications added to the formulary?
- How do we get a non-formulary med on an emergency basis?
- Who is your prime vendor?
- Are sample drugs dispensed?
- How is the inventory monitored so that there is not too much on hand?
- How are expiration dates of on-hand meds tracked?
- What is the security system for critical and non-critical meds in your pharmacy?
- Describe your intruder alert system.
- Are any controlled substances stocked at nurse's stations?
- Explain the features used in CHCS that alert practitioners/dispensers to allergies, dual therapies (more than one med for the same illness, i.e., two antibiotics) or interactions.
- What is your med error rate?
- How does this benchmark against other like institutions?
- How is your med error rate tied into your PI process?

### **ENVIRONMENT OF CARE REVIEW SESSION: (ADMINISTRATOR)**

- Do you have an unannounced security inspection process?
- Do you have a Hazard Vulnerability Assessment process?
- How are your new employees trained and oriented? Documentation of this?

- Have you made changes to your plans based on findings in your safety and EOC visits?
- Describe your alarm systems, specifically freezer alarms where meds are stored? Is the varicella storage area alarmed for power loss?
- Fire drill frequency and results?
- What are your emergency power backups?
- Describe your RMW process. They went to the storage area and questioned a housekeeper about the process.
- How are your housekeepers trained in BBP, PPE, TB and RMW? Do they use PPE?
- How is RMW tracked from your facility?

## **PATIENT TRACER (CLINICIAN)**

### Family Practice (Pediatrics)

- Spoke to one of the clinic nurses
  - Up to what age can you use the baby scale?
  - What is the process for cleaning the scale?
  - Discussion of cleaning procedures
  - "How do you know to wait 10 minutes between cleaning and next use?"
  - Discussed calibration of scale, identified location of maintenance tag
  - "What is involved in training on use of equipment?" Discussion of in-services, annual training
  - "How do you assess pain in a child?"
  - Discussion of different scales used for adult vs. child
  - Discussion of detail used on pain assessment (identify type, location, etc)
- Looked at pediatric exam room.
  - Looked in trash, looked at scale
- Spoke to a different pediatric nurse in the clinic
  - "Do you give immunizations?"
  - Identified location of immunization clinic
  - "What is your role if the fire alarm is activated?" Discussion of fire procedures, location notification
  - "Where is the nearest fire extinguisher?" nurse showed the location, demonstrated how to use extinguisher. Surveyor looked at maintenance tag

“Who does fire extinguisher check?”

## **PATIENT TRACER (Clinician)**

### Immunizations Clinic

- Looked at waiting area, noted separation between treatment and waiting areas
- Looked at patient sign-in
  - Asked to explain why we use first-name system (instead of writing last name)
- Spoke to immunizations nurse
  - Observed an immunization of an 18-month-old
  - “How do you monitor immunization temperature?”
  - Described what happens if temperature is above or below accepted level
  - Discussion of emergency power back-up
  - “What do you have in case of reaction?”
  - Looked at expiration dates
  - “Are other meds kept here?”
  - Looked at airway equipment, maintenance tags
  - “Where is nearest crash cart?”
  - “Have you ever had a crash cart drill?”
  - “How long does it take for crash cart to get here?”

### Traced service to Crash Cart in Urgent Care Clinic

- Spoke to head nurse about inspecting crash cart
- Inspected crash cart
  - “How do you check it?” Showed self-test
  - “Who does daily checks?” Explained inventory and checklists, plastic seal. Seal is only changed when cart is open.
  - If the number on the seal changes from one day to the next, how would you know who changed it and why?
  - Looked at expiration dates on meds
  - Identified diluted potassium chloride (40 mEq/100cc) in crash cart- stated that according to National Patient Safety Goals this cannot be in cart. After further consultation with JCAHO headquarters and our pharmacy and medical staff, it was determined that this dilution was allowed to be stored for emergency use in a crash cart.
  - “Is airway equipment on hand?”
- Inspection of Pediatric Cart
  - Plastic seal on this cart matched number
  - Looked at medication expiration dates

Looked for pediatric paddles

### Traced service to Laboratory

-Spoke to receptionist

“Why is patient getting the procedure?”

Reviewed what CHCS information the tech has access to

Clarified two forms of ID system in place

“When was the last emergency drill?”

Do we conduct child abduction drills?

“How frequently do you have drills?”

-Moved to blood draw area, spoke with Chief, Laboratory Services

“How do results get back to providers?”

“Is there a way to verify if provider reviewed results?”

Discussion of electronic signature

Discussed MEDDAC policy on reviewing lab results, surrogate if provider is away

## **PATIENT TRACER (CLINICIAN)**

### Podiatry Desk

-Spoke to receptionist

Discussion of convenience files kept by provider

-Reviewed patient's chart

Double-checked meds on today's SF600 with chronic meds list written in chart

Reviewed past notes

-Spoke to podiatrist

Discussed communication with PCMs through notes in records

Reviewed that proper PPE was used with Mr. H (who had MRSA)

Discussion of terminal cleaning methods - done by housekeeping

Discussion on Advanced Directives

## **BEHAVIORAL HEALTH**

-Interview with a mental health patient.

*(Responses to question have been removed for privacy purposes)*

How long have you been getting treatment here?

Who do you see here?

Is anyone giving you prescriptions?

What kind?

What is better about this?  
 Are they working from a plan and have they told you what was going to happen?  
 What was explained to you about medications?  
 So, it's pretty comfortable here for you?  
 Do you have a sense of future for treatment?  
 Do they give you a timeline for treatment?  
 They will be setting up some follow up for you?  
 Do you have any family here?  
 That would be something to work on together?  
 When you first came here, what was the process from the time you were referred here?  
 They got a referral for you?  
 Were you aware of the process?  
 How is your privacy protected here?  
 What about in the waiting room?  
 How does it work at desk?  
 Are the offices private and quiet?  
 Does group leader talk about confidentiality?  
 Has that happened where someone has needed to be told about confidentiality again?  
 What would happen if you needed after hours care?  
 Have you had any medical problems?  
 Are you in pain?  
 Do you know how your primary care manager is aware?  
 Do they ask you what you are taking?  
 How is group treatment fitting with your specific problem?  
 So what do you learn? What do they focus on?  
 Do they have strategies to help you overcome?  
 It seems to be helping you?  
 You have been going regularly?  
 Is the group always on time?  
 How large is the group?  
 The format works well?  
 How is the pharmacy? Is there a long wait?  
 Any way this could be improved?  
 They are trying to improve. Any suggestions?  
 Do you have a good understanding what your clinician thinks?  
 There's a lot of education?

- Interview with behavioral health provider:

Addictions history is very well done.

If they say, "yes" to pain what do you do?

The patient had lost 10 pounds. What are the criteria for nutritional referral?  
Is there an actual screen you use like a scale?  
In this case, there wasn't any follow-up?  
Usually there is a specific criteria that's more objective-look into establishing a criteria for referral to nutritionist.  
What is available as far as involving family with treatment?  
On the assessment form, why is it blank at the end?  
If you are not going to use part of a form, do not put it in the chart.  
Where are your discharge objectives?  
If duplicating or not filling out, then change form.  
Tell me about your spiritual assessment.  
Where are medical issues in treatment plan?

### **DAY THREE**

#### **LEADERSHIP SESSION (Clinician)**

- Questions asked by surveyors;
  - How do you get employee feedback?
  - What facility/systems changes are coming and how much latitude do you have regarding these?
  - What is the process for medical staff/leadership to evaluate their performance?
  - What about Soldiers/NCOs?
  - What is your feeling on the current troop morale?
  - How did you come to use the CPGs currently in use?

#### **SYSTEM TRACER: INFECTION CONTROL (Administrative)**

- Surveyor discussed the importance of making sure your employees know the difference between cleaning and disinfecting and the contact time required for the particular agent you use (Cavicide, Sporicidin, etc.)
- Make sure employees use PPE when cleaning and processing used surgery sets for sterilization. Make sure cleaned instruments are away from those to be cleaned.
- How do you survey for post surgical infections?
- What surveillance is done in your clinics to enforce infection control? Passive, active or both?
- Can you determine what surgical set was used on a patient that has a surgery related infection?

- Can you determine if there was a batch processing problem with sterilization of surgical sets?
- What do you do with the data that you collect on Infection Control?
- What do you change based on the data you collect?
- What are your reporting requirements for communicable diseases at local, state and national levels?
- How would you address a S.E. caused by a nosocomial infection?

## **COMPETENCY ASSESSMENT PROCESS (Clinician)**

- Surveyor explained what he would be looking for as discussed in the Survey Activity Guide
- Discussion with Credentials Coordinator and Chair of Credentials Committee
  - What is your process for establishing credentials?
  - Who sits on your credentialing committee?
  - How does review process proceed?
  - What are you looking for in credentials packet?
  - How is a new MD different from one who PCSed here?
  - Describe how you grant privileges and how you determine what privileges cannot be supported at an ambulatory clinic like this?
  - Do you have to re-start the whole process for an MD who PCSed here?
  - What about non-physician staff, how are they credentialed?
  - Who gets prime source verification?
- Discussion with Civilian-Military Resource Coordinator
  - When a new staff member comes in, what is the process for orientation and initial competency assessment?
  - What about on-going competency assessment?
  - How is age-specific competency handled?
- The surveyor mentioned the fact that front desk staff does not have training on identifying potential victims of abuse. How would you decide which staff need this training?
- Have you identified any issues that require you to collect data on something that came up? (eg. something in the National Practitioner Data Bank)
- Discussion on peer review process with Credentials Committee Chair
  - Are all physicians credentialed at local hospital?

Do you hear about the physician's performance at these local facilities?

-Reviewed provider Credential file on contract provider

When did he come on board?

How often do you query National Practitioner Data Bank?

Does he need a physical? And how do you establish if any ADA accommodations are needed?

Does the Army require board certification for MDs?

Discussion of certification requirements for MDs, PAs

Do you require anything beyond BLS?

Discussion of additional requirements

Do contract providers need DEA number?

- Reviewed Six-Sided (general competency folder)folder review on same contract provider

-Reviewed Six-Sided folder review on Family Practice nurse

Looked specifically for competency training and age-specific competency